

*Sarah Board*

Died at

Town

*Aubreacille*

County

*Q. Ames*

MARYLAND

Date 19

03

Month

July 13

Day

Y.

M.

D.

Native of

Occupation

*Wife*

Male

Age

Married

Widow

Divorced

Female

Female

Colored

Single

Widower

Number of children living

Brother of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*W D Gray M.D.*  
*Centreville*

*27*



Florence Brooks

Town

County

Died at

Baltimore

MARYLAND

Month

Day

Y. M. D.

Native of

Date

1923. July 19

Age

56

2. A. I. Co

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Extraperitoneal abscess

How long sick

said to be

10 weeks

I only recently

Death

Immediate

Peritonitis

Accident, Suicide, Homicide

Reported by

J. H. W. Wudow

116

Address

Church Sts

2. Ac Co - Med



Name  
in  
Full

Gladis

Comyges

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Stor Town

Queen Anne County

MARYLAND

Date of death 1903 Month 7 Day 16 Years 2 Months Days

Sex Girl

Color or Race

white

Birth-place

Md.

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Edward C. Comyges

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mary L Higgins

Mother's  
Birthplace

Md.

Name of person giving  
Information

Mother

How related  
to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Eclampsia

How long

4 days

Immediate

Meningitis

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

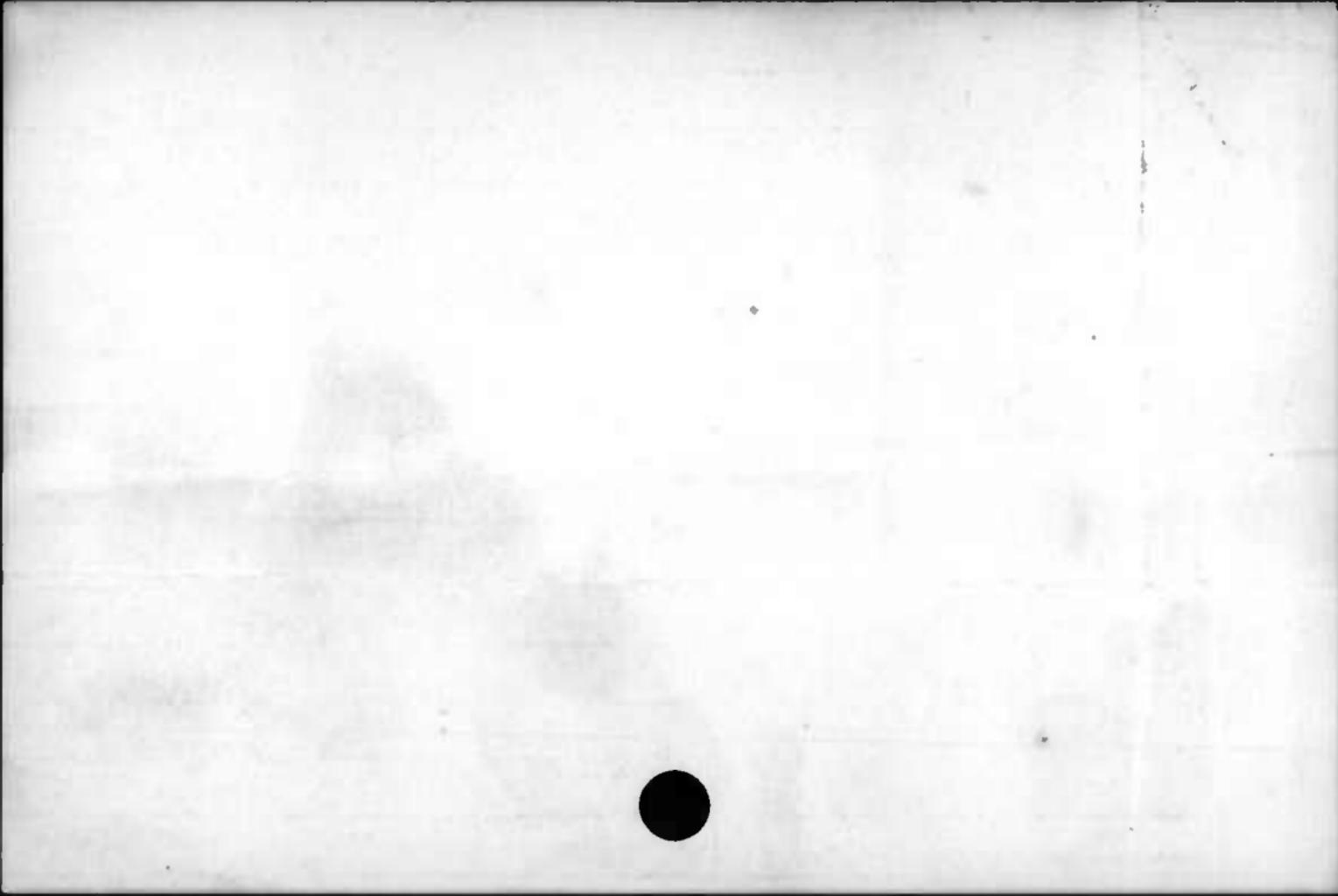
Signature of  
Physician

Address

Tobley Hackett Md

Queen Anne  
Md.

Accident or Suicide?



Name  
in  
Full

John Dodd

CERTIFICATE OF DEATH

To BE ANSWERED BY

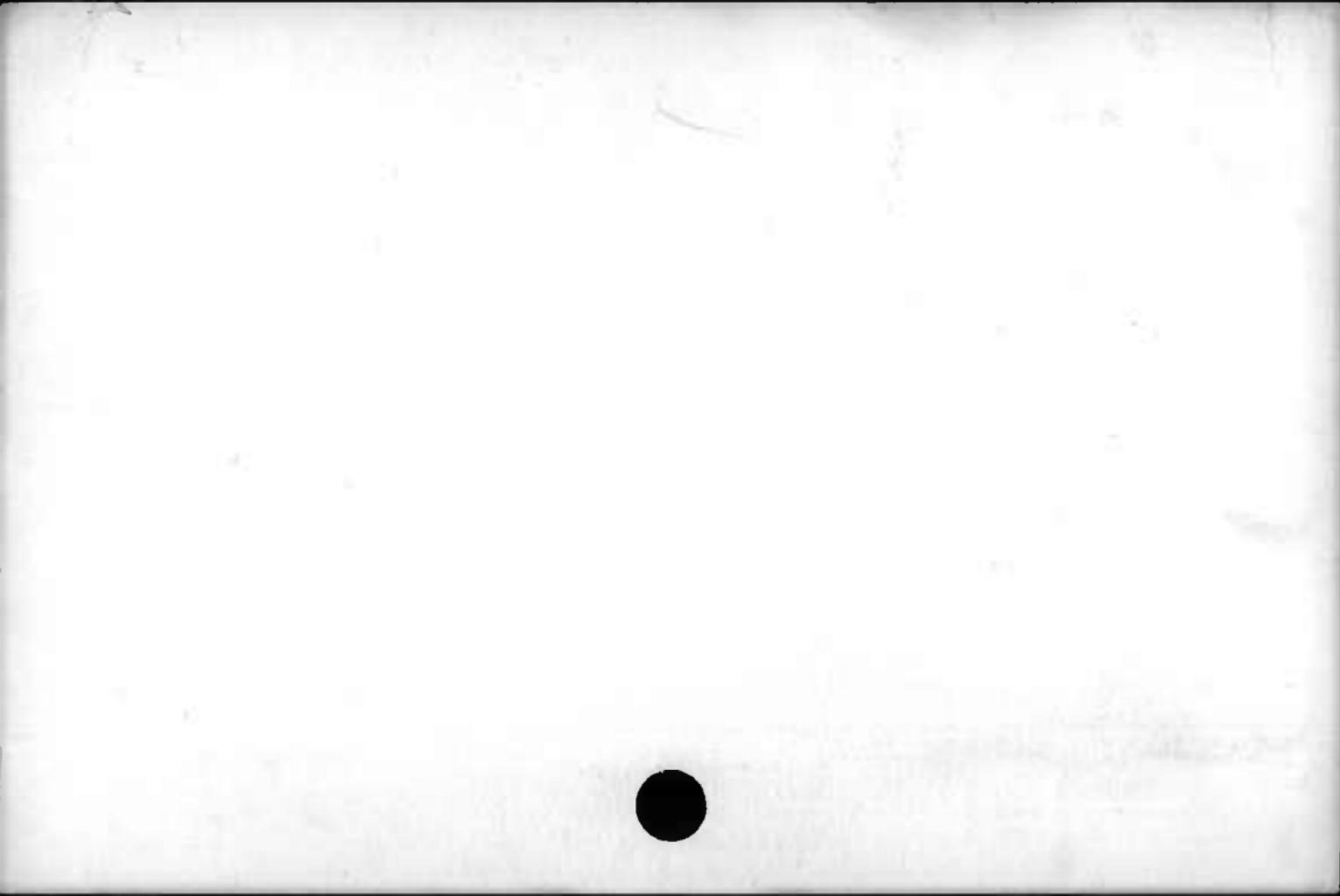
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	67	10	✓
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs Martha Reed		
Father's Name	Henry Dodd		Father's Birthplace	2d. Co.	
Mother's Maiden Name	Annie Phillips		Mother's Birthplace	"	
Name of person giving information	James Dodd		How related to deceased	Bro.	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	unknown	179	How long
Immediate	Cardiac Paralysis	90	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Jas Brody M.D.	
	Address	Centreville, Md.	
Accident, or Suicide?			



Name  
in  
Full

Catherine Johnson Gibbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Baltimore</u>		Town <u>County</u>		County		
Date of death <u>1903</u>	Month <u>July</u>	Day <u>18</u>	Age <u>58</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>Bridgetown Md</u>				
Married, Single or Widowed <u>Married</u>	Occupation <u>House wife</u>					
Name of Wife or Husband <u>Mrs H. Gibbs</u>						
Father's Name	Father's Birthplace					
Mother's Maiden Name <u>Ann Johnson</u>	Mother's Birthplace					
Name of person giving information <u>Husband</u>	How related to deceased					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Appleplexy

How long

two hours

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

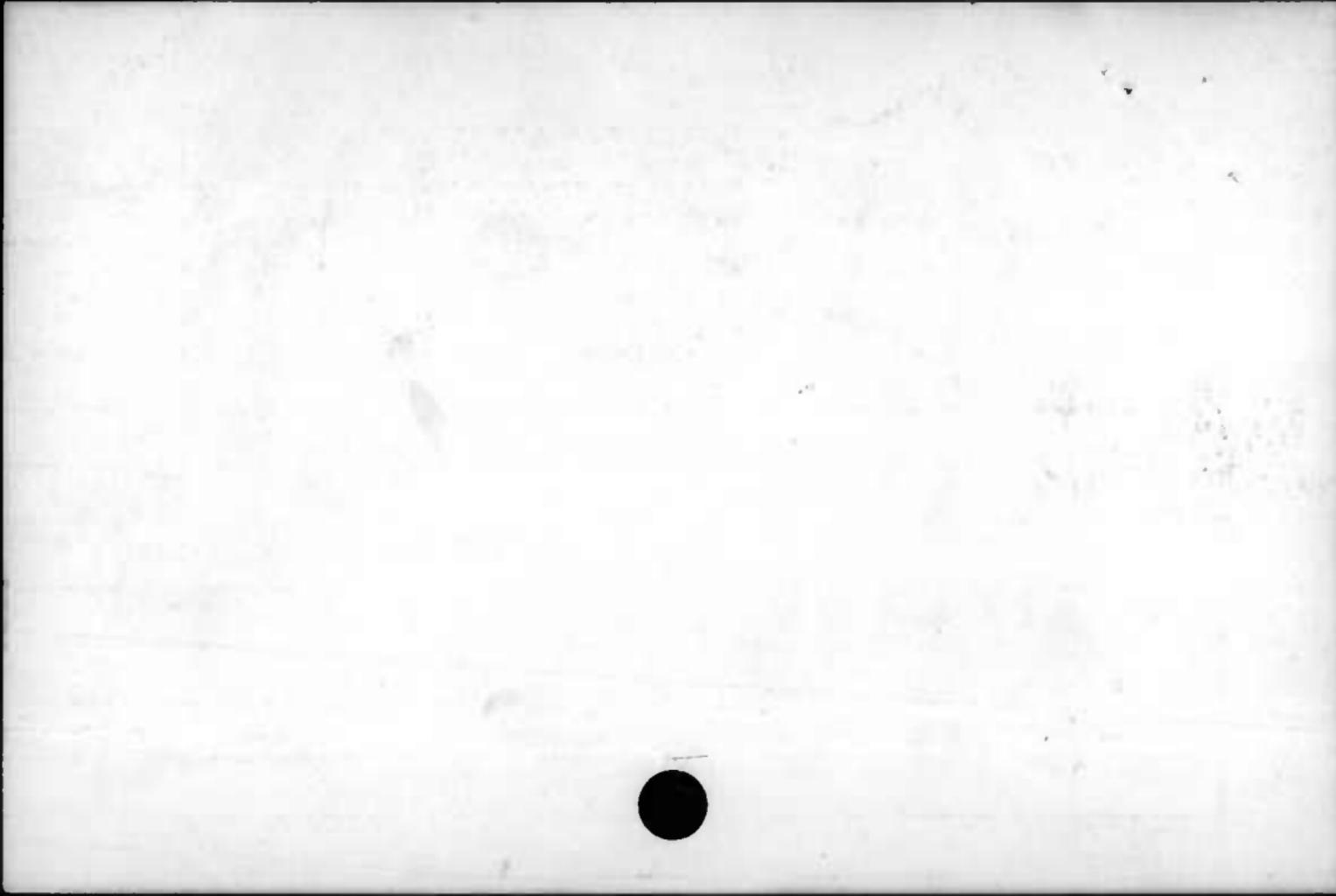
Yes

Signature of Physician

Address

Walter H. Fenby  
Realtor  
16th and  
W. St.

Accident or Suicide?



Name  
in  
Full

No Name Griffin

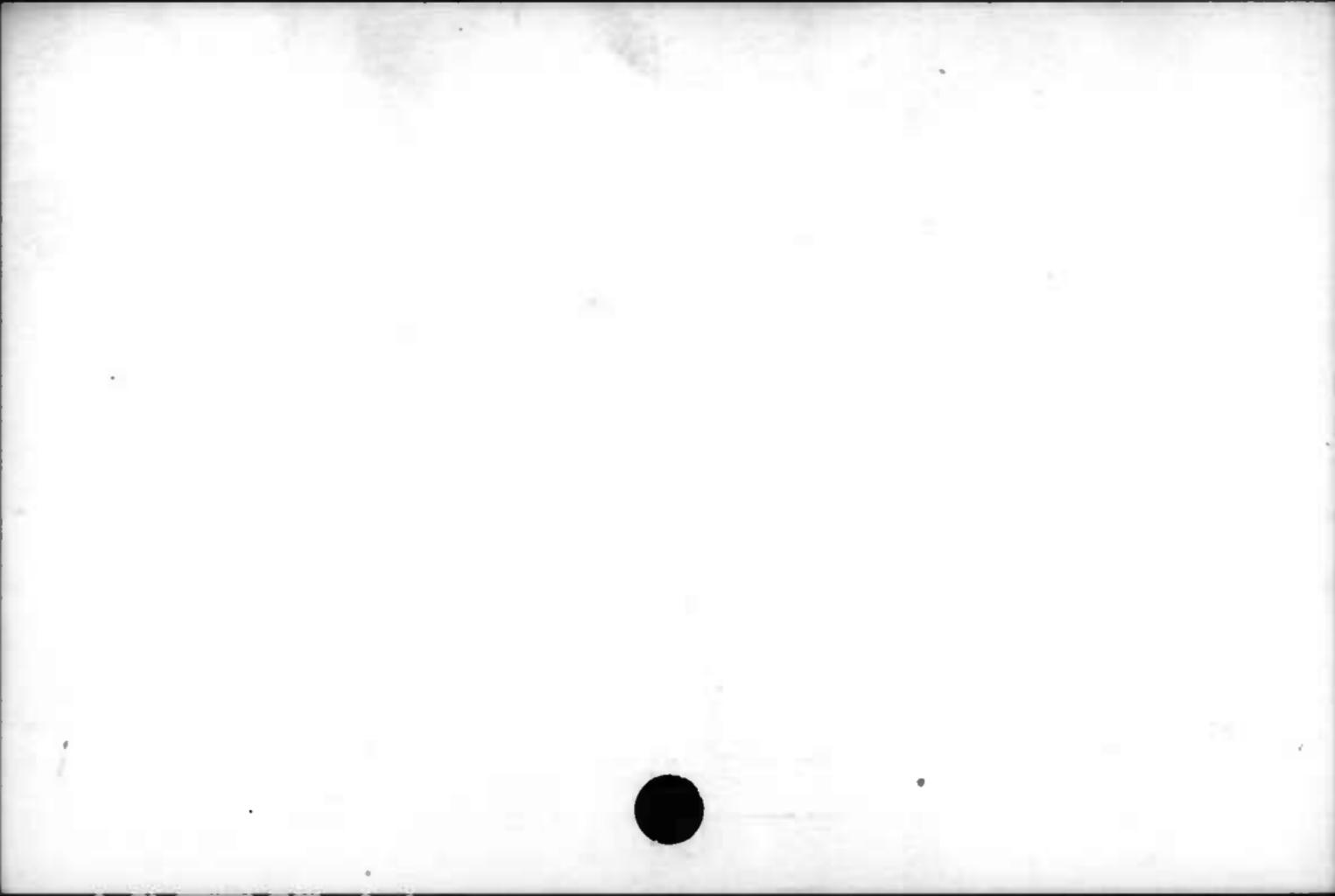
CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND		
Died at	Winchester		Queen Anns.			
Date of death 1903	Month 7	Day 21	Years -	Months -	Days -	
Sex Female	Color or Race Collard	Occupation				
Married, Single or Widowed Single			X	X		
Name of Wife or Husband						
Father's Name	George Griffin		Father's Birthplace	Winchester		
Mother's Maiden Name	Ida Stewart		Mother's Birthplace	Wye Neck		
Name of person giving Information	George Griffin		How related to deceased	Father		

CAUSES OF DEATH

Primary		How long	X
Immediate	Dead borne	How long	X
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	Jas G. Saddler
		Address	Winchester Queen Anns. Maryland.
Accident or Suicide?			



Name  
in  
Full

Hulda Elizabeth Hollaud.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Queen Anne		Town Queen Anne		County Queen Anne		MARYLAND	
Date of death 1903	Month July	Day 18	Age	Years	Months	Days	11 18.
Sex Female	Color or Race White	Occupation		Birth-place Queen Anne			
Married, Single or Widowed							
Name of Wife or Husband							
Father's Name	Hulda Hollaud.				Father's Birthplace	Md.	
Mother's Maiden Name	Catherine Mulliken				Mother's Birthplace	Md.	
Name of person giving information	J M Hollaud				How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enteric Polio 105.		How long	3 weeks.
Immediate	Exhaustion.		How long	2 weeks.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	John Muller M.D.
			Address	2110 3rd Street
Accident or Suicide?				



Name  
In  
Full

Weski Hatchens

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town	County	MARYLAND		
Died at <u>New Haven</u>	<u>Essex</u>	Month <u>3</u>	Day <u>30</u>	Years <u>—</u> Months <u>5</u> Days <u>—</u>
Date of death 190 <u>3</u>	Age <u>—</u>	Color or Race <u>Colored</u>	Birth-place <u>MD</u>	
Sex <u>Male</u>	Occupation <u>Singer</u>			
Married, Single or Widowed				
Name of Wife or Husband				
Father's Name <u>Alex Hatchens</u>	Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Jessie Brooks</u>	Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Alex Hatchens</u>	How related to deceased <u>Sister</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Acute Dys. Colitis</u>	How long <u>Two weeks</u>
Immediate	<u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>H. S. Dudley, M.D.</u>
		Address <u>Church Hill</u>
Accident or Suicide?	<u>Maryland</u>	

Providence

<h1 style="text-align: center;">Baby - Nolwason</h1>			
Died at		Town	County
New Price Sta		24 Co	MARYLAND
Month Day		Y. M. D.	Native of
Date 1903 - July 1 -		Age - 15	Md.
Male		Married	Occupation
F		Colored	
Single		Widower	
Number of children living			
Husband of			
Wife			
Father's Name		Mother's Maiden Name	
Chas H Johnson		Francis Brooks	
Cause of Death		Primary	How long sick
		Starved	
Immediate		Thrush	Accident, Suicide, Homicide
Reported by		L E Smith Local Registrar	
Address		New Price Sta Md	

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Buried at blue khan

Name  
in  
Full

CERTIFICATE OF DEATH

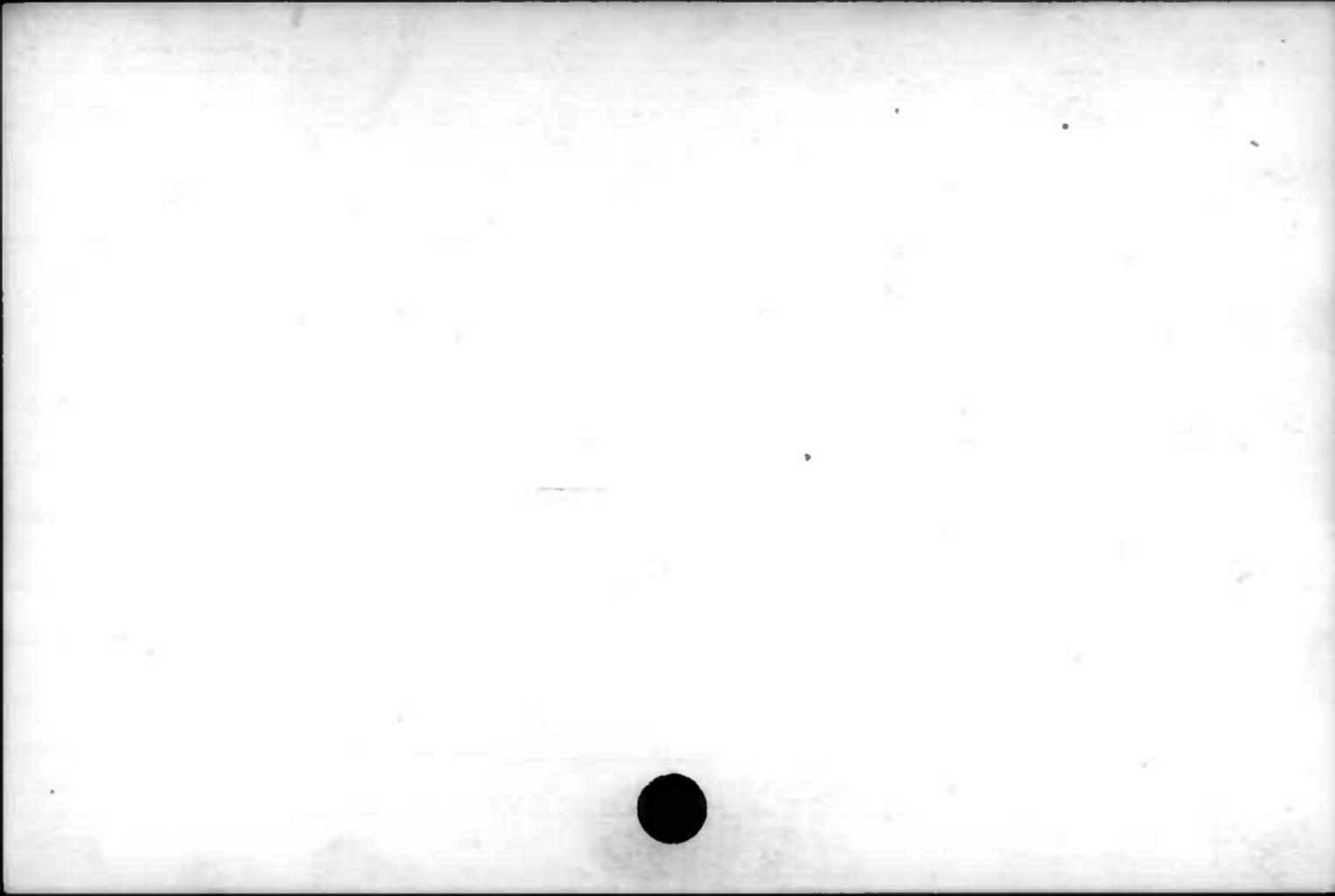
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 7	Day 14	Years	Months	Days
Sex	Male	Color or Race	white American	Birth- place	Hoods Store
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name	Joseph Jones		Father's Birthplace	Zenen Anne	
Mother's Maiden Name	Alice Pearson		Mother's Birthplace	Zenen Anne	
Name of person giving Information	H.R. Hopkins M.D.		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Premature birth 6 months		How long
Immediate	151		How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Howard R. Hopkins
		Address	Zenenstoun Md.
Accident or Suicide?			



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

No Name

Loyd

CERTIFICATE OF DEATH

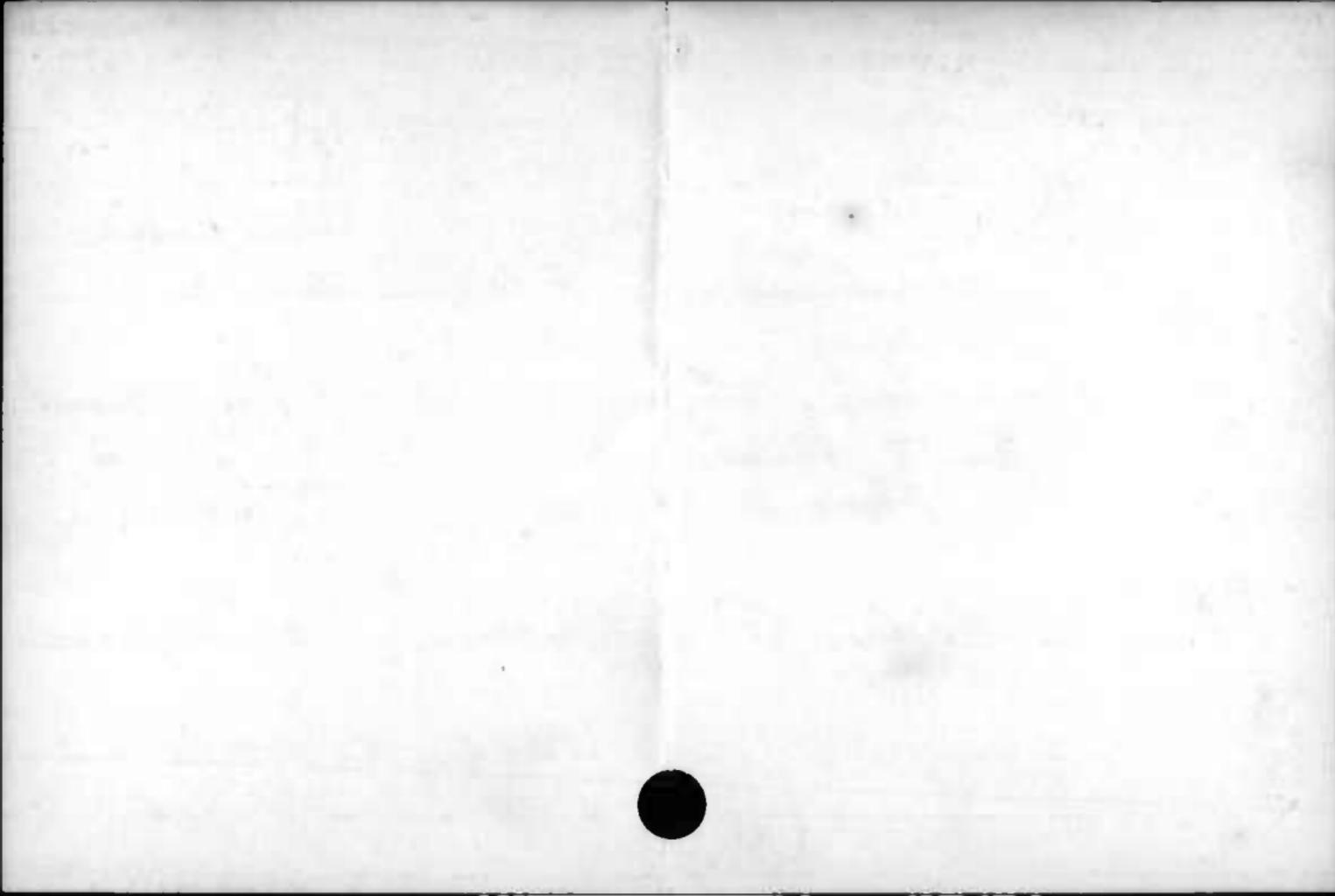
MARYLAND

Died at		Town	County			
Date of death 190	Month	Day	Years	Months	Days	
3	Dec	26	Age	2	10	
Sex	Female	Color or Race	Black	Birth- place	Laurel	
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name	John W. Loyd.			Father's Birthplace	La. Ga.	
Mother's Maiden Name	Estelle, Clement.			Mother's Birthplace	., .	
Name of person giving Information	John W. Loyd.			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Diarrhoea & enteritis	105	How long
Immediate	Nutrition		3 weeks -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
		W. Adams M.D.	
		Address	Wye Mills Md.
Accident or Suicide?			



Name  
in  
Full

John R. Lynch

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903		Month July	Day 20	Years 61	Months six	Days —
Sex	Male	Color or Race	White			
Married, Single or Widowed	Married		Occupation	West Indies		
Name of Wife or Husband	Mary Lynch					
Father's Name	Matthew Lynch			Father's Birthplace	Don't Know	
Mother's Maiden Name	Don't Know			Mother's Birthplace	" "	
Name of person giving Information	Thos. A. Lynch			How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Phtisis Pulmonalis

How long

one year

Immediate

" of

How long

" "

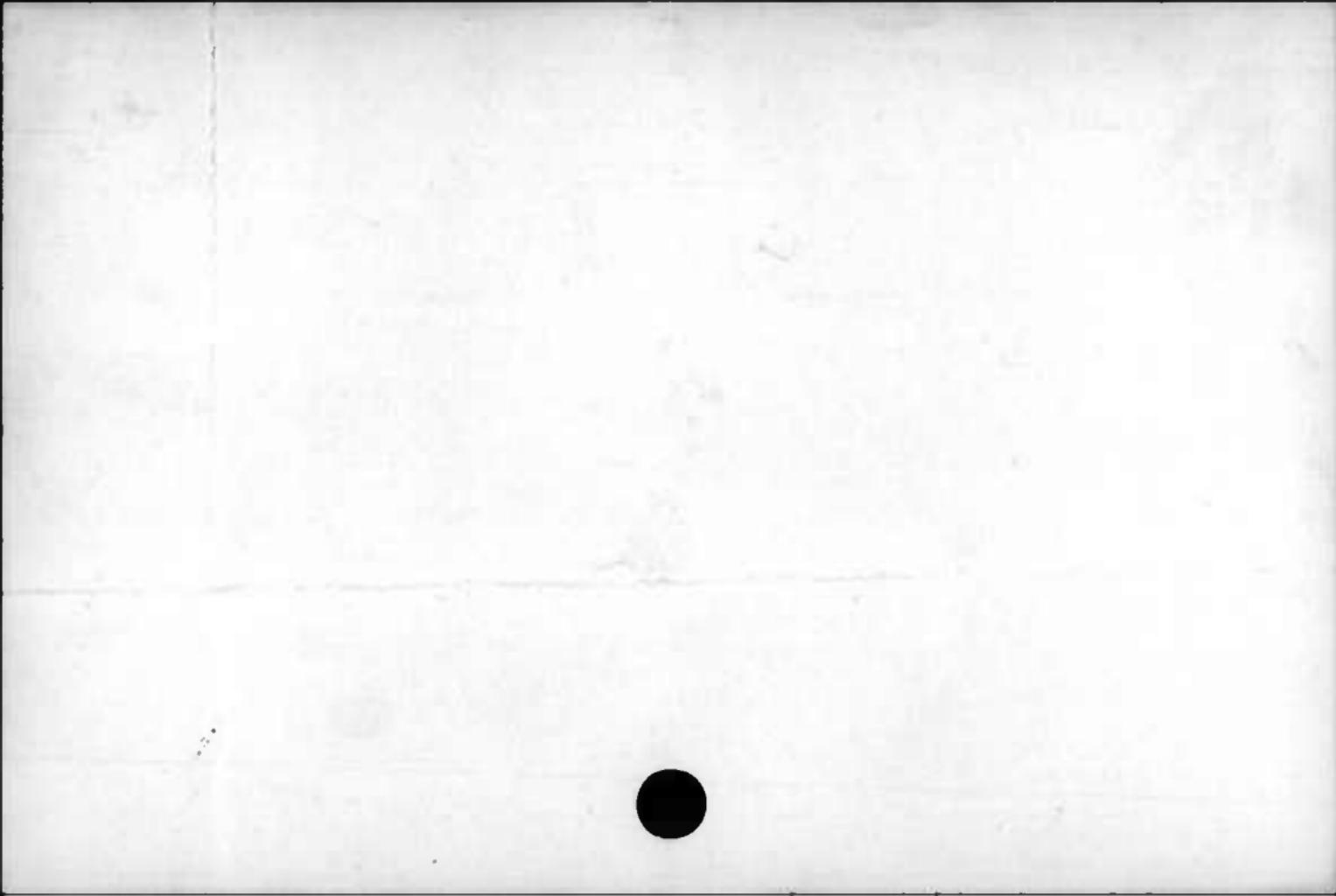
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Robley Hackett and,  
Green Anne 2nd.

Accident or Suicide?



Name  
in  
Full

No Name (1 Day old) Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place	Pacaz Islan.		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name	Noah Moore		Father's Birthplace	Del	
Mother's Maiden Name	Caroline Ward		Mother's Birthplace	England	
Name of person giving information	Elic Moore		How related to deceased	Uncle	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Was dead born <u>I</u>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	Address
Yes	H. C. McCormick	
Accident or Suicide?		



Name  
in  
Full

No name Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>near Culverville</u>		Town	County <u>2-a. C</u>		MARYLAND			
Date of death <u>1903</u>	Month <u>7</u>	Day <u>26</u>	Years <u>Dear Born</u>	Months <u>—</u>	Days <u>—</u>			
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>2-a. leo</u>						
Married, Single or Widowed	Occupation							
Name of Wife or Husband								
Father's Name <u>Welman Moon</u>	Father's Birthplace <u>2a leo</u>							
Mother's Maiden Name <u>Lizzie Moon</u>	Mother's Birthplace <u>2a leo</u>							
Name of person giving information <u>Welman Moon</u>	How related to deceased <u>Sister</u>							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Dead Body</u>		How long	
Immediate	<u>Dead Body</u>		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>Dr. John J. C. Moore</u>	
		Address	<u>Culverville</u>	
Accident or Suicide?	<u>no</u>			



Name  
in  
Full

Ivao B. Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1903	Month July	Day 9	Years 62	Months	Days	
Sex Male	Color or Race White	Birth-place Delaware				
Married, Single or Widowed	Occupation Farmer					
Name of Wife or Husband	Logana D Morris					
Father's Name	Logana D Morris		Father's Birthplace	Delaware		
Mother's Maiden Name	Bobby Fruitt		Mother's Birthplace	Delaware		
Name of person giving information	Miss A Morris		How related to deceased	Sister		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Hemiplegia

How long

Two days

Immediate

Asphyxia

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

D. S. Dudley  
Church Hill

Accident or Suicide?

Centerville County

Name  
in  
Full

Clarence Amos Reason

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month July	Day 16	Years 1	Months 10	Days —
Sex Male	Color or Race negro	Occupation	Birth-place Maryland		
Married, Single or Widowed	—		—		
Name of Wife or Husband	—		—		
Father's Name	James A Reason		Father's Birthplace	Maryland	
Mother's Maiden Name	Clara R Wright		Mother's Birthplace	Maryland	
Name of person giving information	James A Reason		05	How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Summer Complaint -

How long

9 days

Immediate

"

"

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Yes

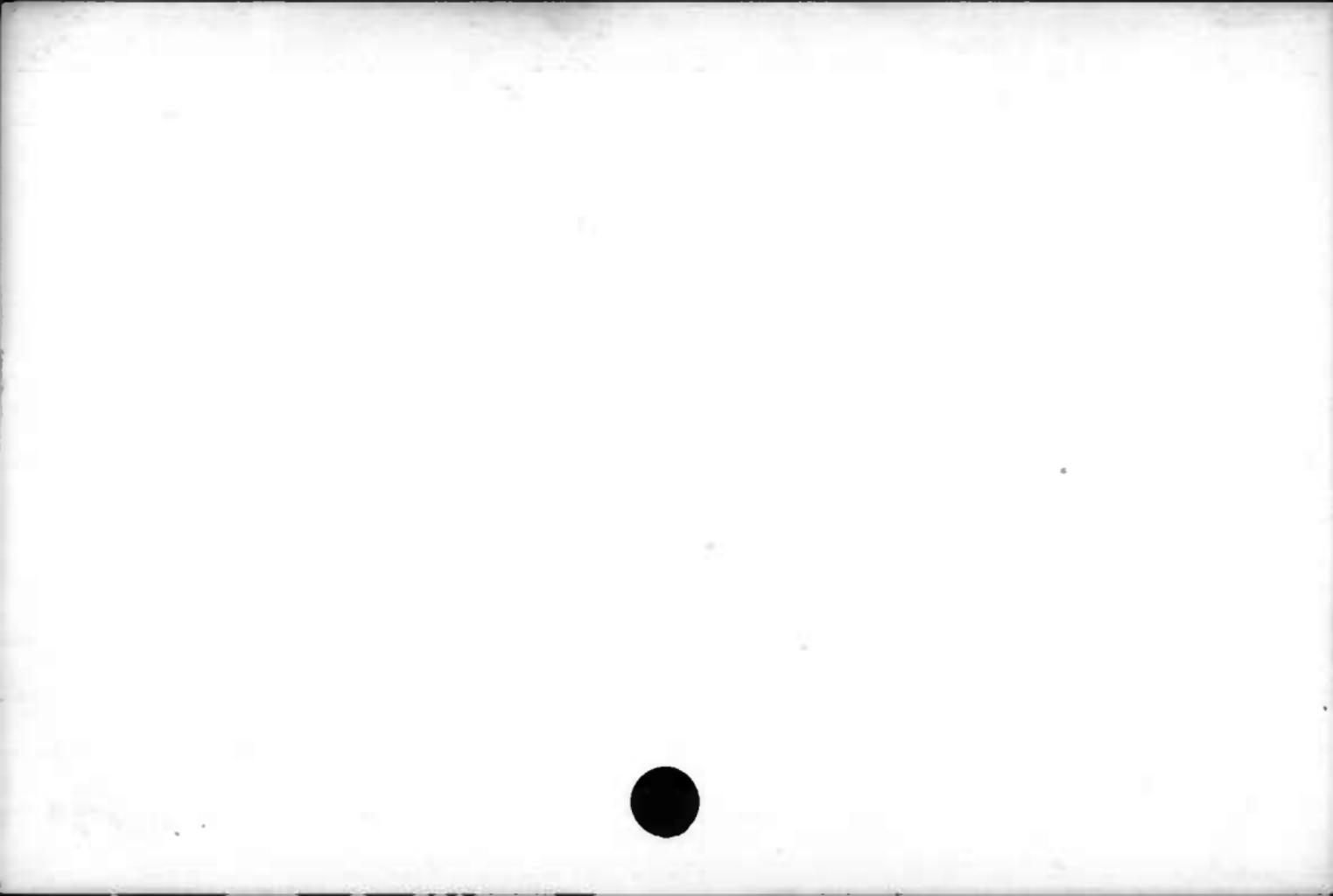
Signature of  
Physician

William J Miller Undertaker

Address

R R No 2 Millington  
Md.

Accident or Suicide?



Name  
in  
Full

Wallie Russum

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Age	17			
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name	Wm J Russum			Father's Birthplace	Sel		
Mother's Maiden Name	Katherine Golicin			Mother's Birthplace	240 fm		
Name of person giving information	Foster			How related to deceased	Foster		

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

Enteritis Enterocolitis

How long

Two Days

Primary  
Immediate

Indigestion

How long

Two Days

Are the name, age, sex, color, date and place correctly given above?

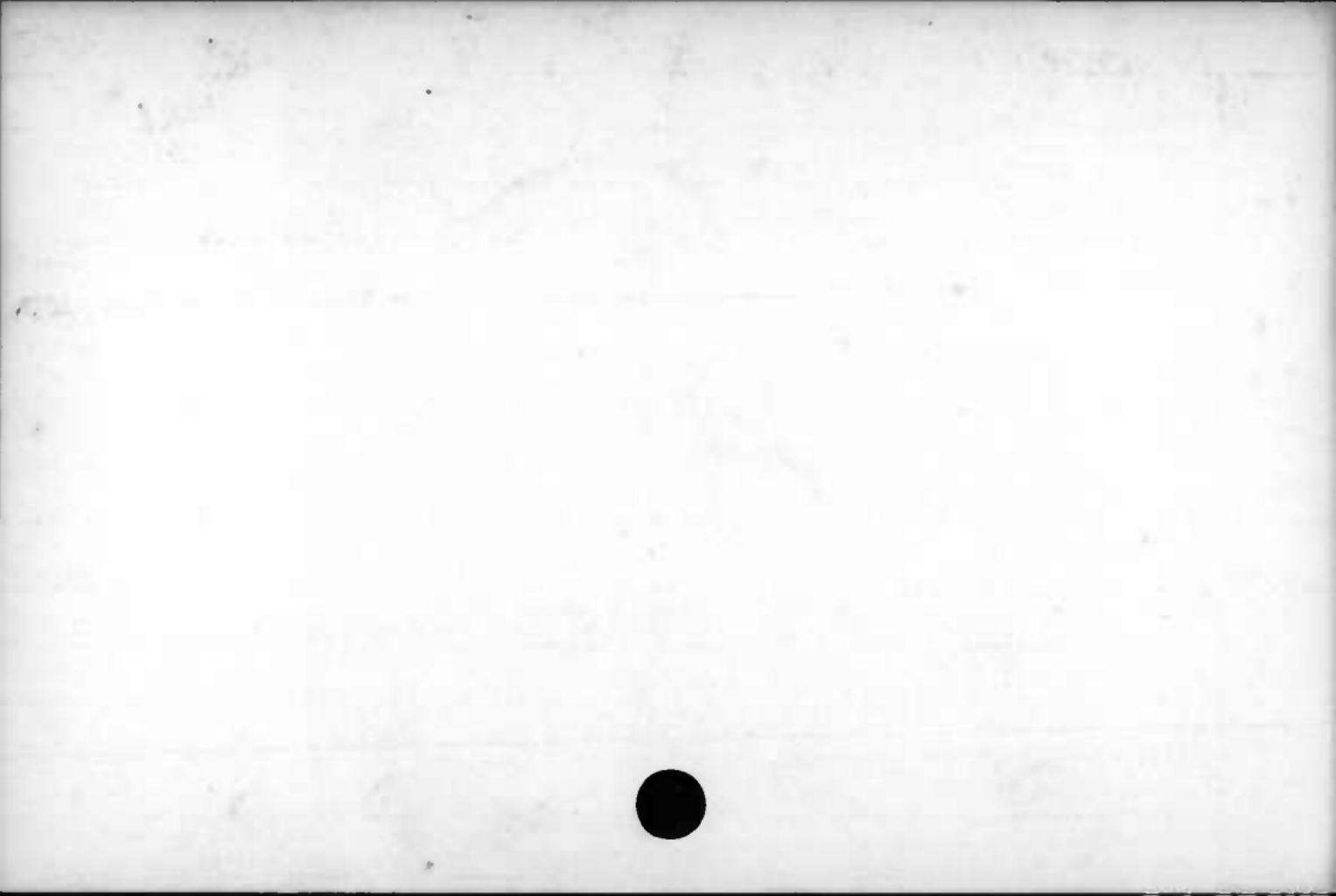
Yes

Signature of  
Physician

Address

Howard R. Hopkins.  
Linenstrum,  
Md.

Accident or Suicide?



Relie Stansbury				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death 1903		Month 4	Day 5	Years 21	Months 1	Days 0
Sex Female		Color or Race Black	Birth-place 100			
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name			Father's Birthplace 200			
Mother's Maiden Name			Mother's Birthplace 200			
Name of person giving information			How related to deceased Mother			

## CAUSES OF DEATH

Primary

Had not the care of any physician

How long

Immediate

Natural cause

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

151



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

James Washington							CERTIFICATE OF DEATH		
Died at	Town	Town	County	MARYLAND					
Guys or Bryan		Queen Annes	County	MARYLAND					
Date of death	Month	Day	Years	Age	35	Months	Days	10	
Sex	Male	Color or Race	Occupation	Birth-place	Winchester				
Married, Single or Widowed	Widower	Oysterman							
Name of Wife or Husband									
Father's Name	George Washington					Father's Birthplace	Queen Annes		
Mother's Maiden Name	Sarah Griffin					Mother's Birthplace	Queen Annes		
Name of person giving information	Emile Washington					How related to deceased	Bro.		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary — How long

Immediate Drowning 172 How long —

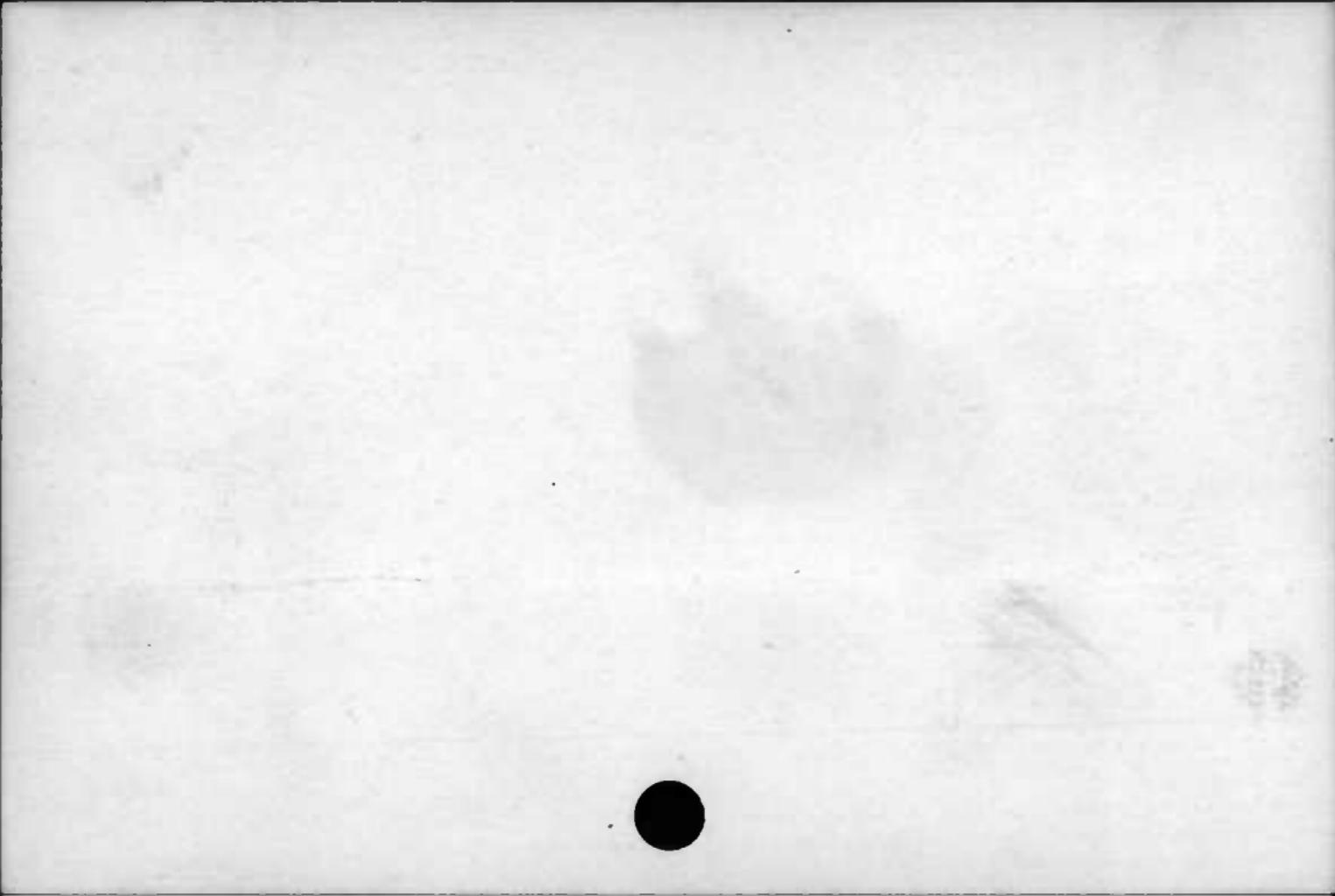
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wm. Henry  
Stevensville  
Md

Accident or Yes



Name  
in  
Full.

Hylen Lena Walls

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at		Church Hill	St. Louis Co			
Date of death 19	Month	Day	Years	Months	Days	
1903	July	27	Age	7		
Sex	Female	Color or Race	Colored	Birth place	Church Hill	
Married, Single or Widowed		Occupation				
Name of Wife or Husband		19				
Father's Name		J. Sparks				Father's Birthplace
Mother's Maiden Name		Soddy Walls				Mother's Birthplace
Name of person giving Information		Phos Thoracal				How related to deceased
						None

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Ingestion

How long

three months

Immediate

Exhaustion

How long

one day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Dr. J. Dugay  
Church Hill Md.

Accident or Suicide?



Sarah Wiggins

Town

County

Died at

Alma House

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

July 10<sup>th</sup>

Age 74

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

15+

Husband of

Don't know

Wife

Father's

Name

Mother's

45

Name

Maiden Name

Cause of

Primary

Cancer on face

How long sick

5 1/2 years

Death

Immediate

Natural decay

Accident, Suicide, Homicide

Reported by

J. A. Holtzman. Physician to A. H.

Address

Cecilville [redacted] 2. A. H. 2nd

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. A. Holtzman, M.D.



Name  
in  
Full

Sarah E Higgins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Sudlersville	Queen Anne's			
Date of death 190	Month July	Day 3	Years 73	Months -	Days -
Sex Female	Color or Race white	Occupation Housekeeper	Maryland		
Married, Single or Widowed Married					
Name of Wife or Husband Cornelius W Higgins					
Father's Name George Glaudan				Father's Birthplace unknown	
Mother's Maiden Name Unknown				Mother's Birthplace unknown	
Name of person giving Information Mollie Anderson				How related to deceased Daughter	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Tuberculosis of Lung <sup>s</sup>	How long Five years
Immediate General Debility or Exhaustion	How long One week
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Foster Sudler
	Address Sudlersville Md
Accident or Suicide?	



Name  
in  
Full

Julia Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

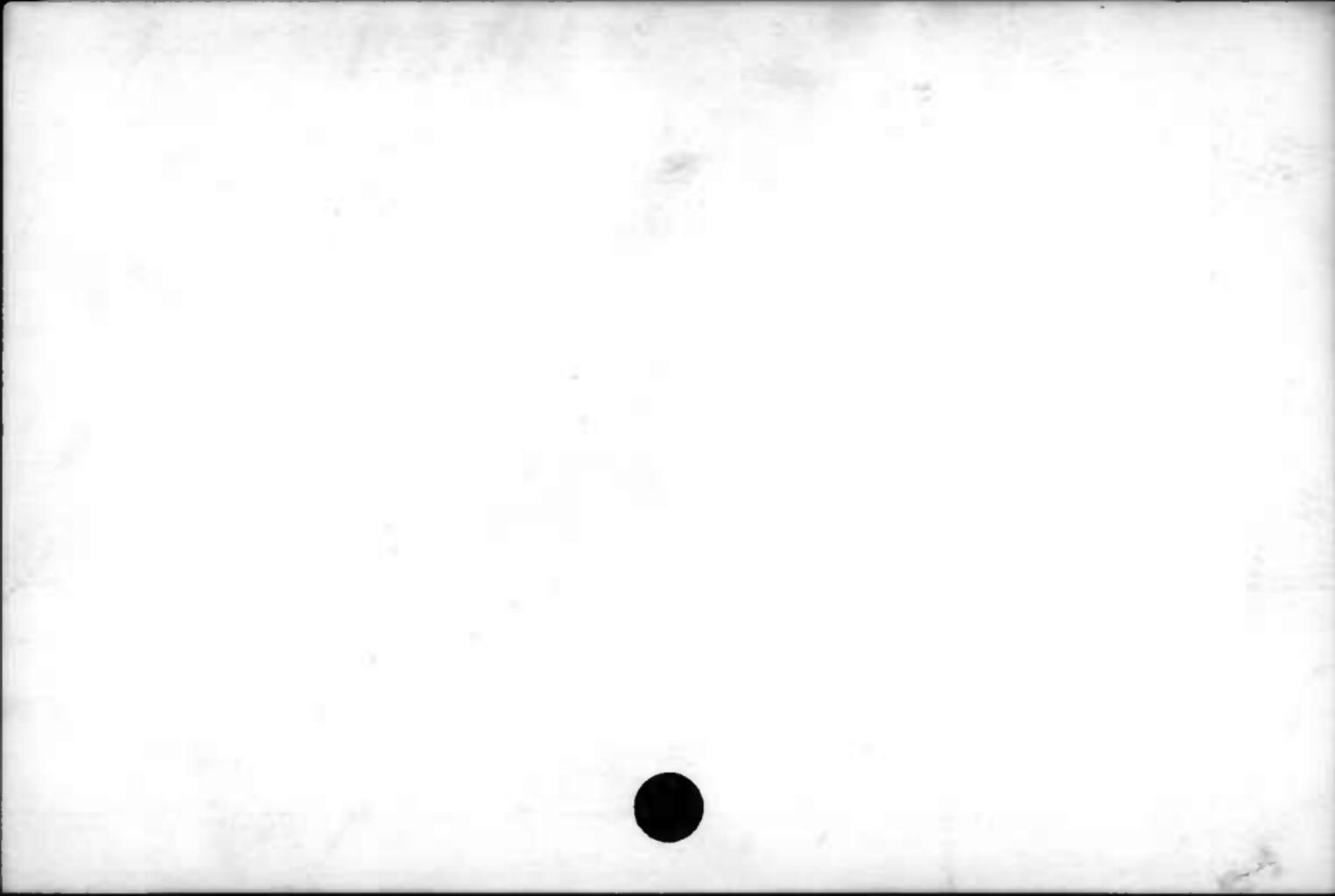
Died at	Ford's Store	Own	County	MARYLAND		
Date of death	1903	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Black	Age	41	
Married, Single or Widowed	Widow	Occupation	house wife			
Name of Wife or Husband	Husband dead					
Father's Name	Unknown			Father's Birthplace	Unknown	
Mother's Maiden Name	" "			Mother's Birthplace	"	
Name of person giving Information	Lizzie Comer			How related to deceased	daughter	

also C N Bullen

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	General debility		How long	2 or 3 months
Immediate	Heart failure		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm Henry	
		Address	Stevensville Md	
Accident or Suicide?	No			



Name  
in  
Full

Hos Williams

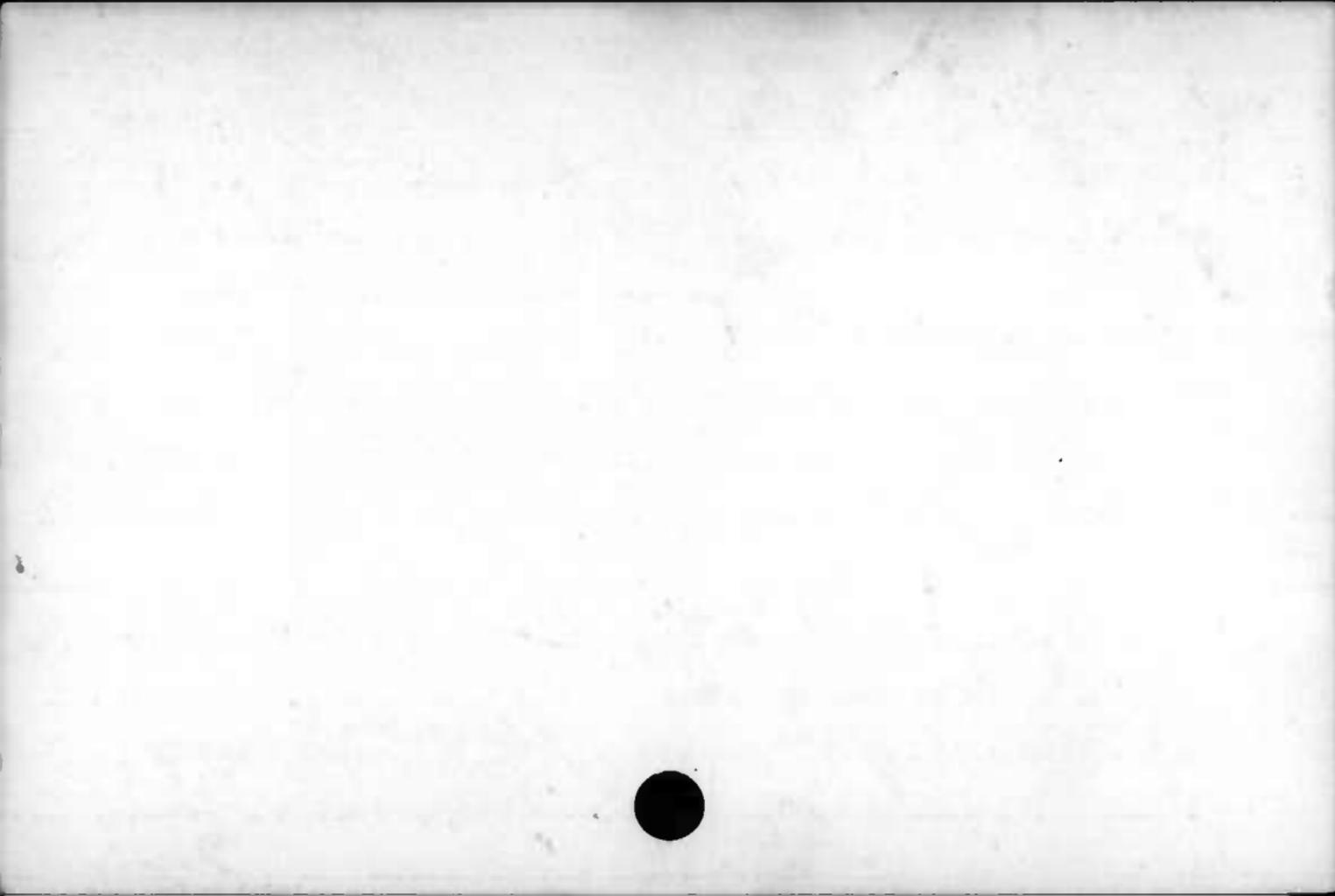
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at near Elwyn		Town Ia		County		MARYLAND	
Date of death 1903	Month 7	Day 13	Age 65	Years	Months	Days	
Sex Male	Color or Race	Negro		Birth- place Charles Co			
Married, Single or Widowed Married	Occupation House keeper						
Name of Wife or Husband Leida Williams							
Father's Name Unknown				Father's Birthplace Unknown			
Mother's Maiden Name Unknown				Mother's Birthplace "			
Name of person giving Information Geo Hayes & George				How related to deceased Son & Law			

CAUSES OF DEATH

Primary Heart Trouble	How long Don't know
Immediate Dropsy	How long 3 or 4 months
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. J. Henry
	Address Stevensville Md
Accident or Suicide? No	



Name  
in  
Full

Mary E Wilson

CERTIFICATE OF DEATH

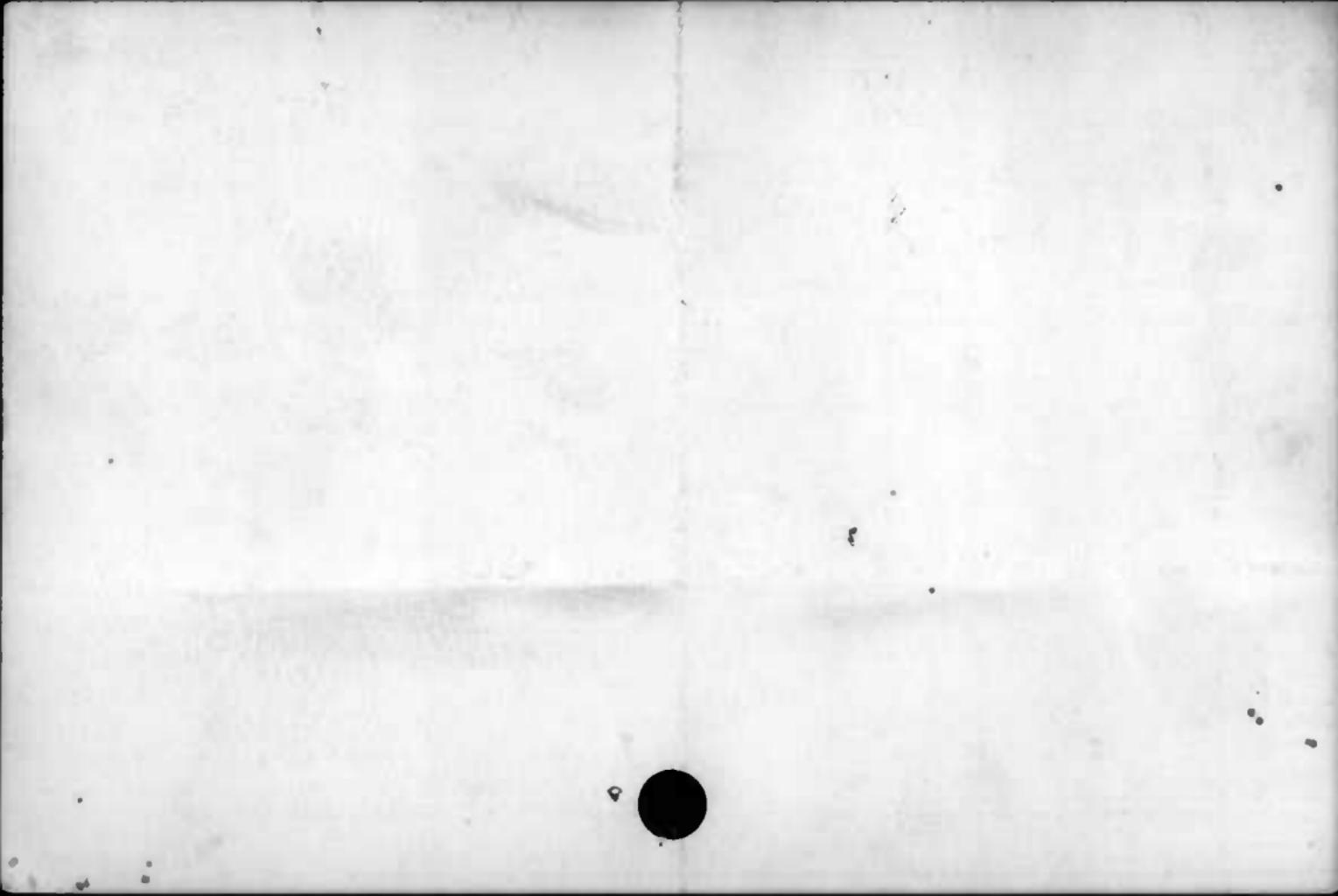
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Fordston</u>		Town	County <u>Queen Ann</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>7</u>	Day <u>4</u>	Years <u>1</u>	Age <u>1</u>	Months <u>10</u>	Days
Sex <u>Female</u>	Color or Race	Collard		Birth-place <u>Fordston</u>	Occupation <u>X</u>	
<u>Married, Single</u> <u>or Widowed</u>						
Name of Wife or Husband						
Father's Name		<u>J. Henry Wilson</u>		Father's Birthplace	<u>Fordston</u>	
Mother's Maiden Name		<u>Annie E Buttler</u>		Mother's Birthplace	<u>Fordston</u>	
Name of person giving information		<u>J Henry Wilson</u>		How related to deceased	<u>Father</u>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pneumonia, 93</u>	How long <u>Several weeks</u>
Immediate <u>Tuberculosis</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Wm. Henry,</u>
	Address <u>Steensville</u>
Accident or Suicide?	<u>Med.</u>



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Clara Jane Wisher  
Barcklay

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County
Date of death 1903	Month July	Day 134
Age	Years 2	Months 10
Sex Female	Color or Race Colored	Birth- place Barcklay

Married, Single  
or Widowed

Occupation

Name of Wife or  
Husband

Father's  
Name  
William A. Wisher

Father's  
Birthplace  
Md.

Mother's  
Maiden Name  
Gertrude Horsey

Mother's  
Birthplace  
Pa.  
Father

Name of person giving  
Information  
W. A. Wisher

How related  
to deceased

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	hot known	How long
Immediate	convulsions	How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

G. H. Semmens M.D.  
Address  
Sudlersville  
Md.

Accident or Suicide?

